

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/25/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** left knee arthroscopy partial medical meniscectomy possible chondroplasty and drilling, synovectomy

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Orthopedic Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is this reviewer's opinion that the medical necessity of the left knee arthroscopy partial medical meniscectomy possible chondroplasty and drilling, synovectomy has been established

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** Claimant is a male with a history of a reported work related knee injury that occurred while he slipped and fell on xx/xx/xx. He developed left knee pain and was initially treated with a hinged knee brace, ice and Biofreeze. He had MRI of left knee on 10/24/13 that revealed degenerative changes of the posterior horn of the medial meniscus extending into the superior surface related to tear superimposed, mild joint effusion, and ACL minimal discrete sprain with no tears defined. There was no evidence of discoid meniscus. The medial and lateral collateral ligaments were noted to be within normal limits and the posterior cruciate ligament appeared normal in signal, contour and morphology. The anterior cruciate ligament had minimal edema but no tears. He was given a steroid injection in the left knee on 01/20/14 which reportedly helped for about 2 days. He has also reportedly tried anti-inflammatory medications which were not effective. He underwent physical therapy 2 x per week for approximately 4 weeks.

According to the clinical notes provided, the claimant felt that physical therapy made his pain worse and after physical therapy he was unable to bear weight on his left lower extremity. He has continued pain localized to the medial joint line with some catching and locking sensation. Physical exam of left knee dated 03/20/14 revealed severe medial joint line tenderness, patella normal tracking, and moderate effusion present. Range of motion and strength were noted to be fair and there was no valgus or varus instability present. McMurray's sign was noted to be positive and Lachman's test negative. Lower extremity muscle tone and bulk were noted to be normal.

In a utilization review letter dated 02/25/14, the request for left knee arthroscopy with partial medial meniscectomy, possible chondroplasty and drilling, and synovectomy was denied

based on Official Disability Guideline recommendations that included the requirement of imaging studies confirming a chondral defect. In letter of appeal dated 02/28/14 noted that the MRI of 10/24/13 did not mention the condition of the cartilage at all, however based on the observation of the cartilage surface during the arthroscopy procedure, defects were present which were not mentioned or ruled out on the MRI. He stated the procedure was indicated based on the findings during the arthroscopy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** Based on the additional information submitted by the treating provider, the medical necessity of the left knee arthroscopy with partial medial meniscectomy, possible chondroplasty and drilling, synovectomy has been substantiated. In the appeal letter, noted that while the MRI did not mention the condition of the cartilage, he did confirm chondral defects were present when he performed the arthroscopy procedure that were not mentioned on the MRI. Therefore, based on the additional information submitted, the Official Disability Guidelines criteria are met for this procedure in that chondral defects were confirmed during the arthroscopy. It is this reviewer's opinion that the medical necessity of the left knee arthroscopy partial medical meniscectomy possible chondroplasty and drilling, synovectomy has been established and the prior denial should be overturned.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)